Physician Workflow Supplement Year 2012

The purpose of the Physician Workflow study is to collect information about the experiences office-based physicians are having with and without electronic health records (EHR). Your participation is greatly appreciated and voluntary. Your answers are completely confidential. If you have questions or comments about this survey, please call 866-966-1473.

This survey asks about ambulatory care, that is, care for patients receiving health services without admission to a hospital or other facility.

1. Do you directly care for any ambulatory patients in your work?
   - Yes
   - No
   - I am no longer in practice

2. Overall, at how many office locations do you see ambulatory patients in a normal week (i.e., a week with a normal caseload, with no holidays, vacations, or conferences)?
   _________ locations

3. Do you see ambulatory patients in any of the following settings? CHECK ALL THAT APPLY.
   - Private solo or group practice
   - Freestanding clinic/urgicenter (not part of a hospital outpatient department)
   - Community Health Center (e.g., Federally Qualified Health Center (FQHC), federally funded clinics or "look-alike" clinics)
   - Mental health center
   - Non-federal government clinic (e.g., state, county, city, maternal and child health, etc.)
   - Family planning clinic (including Planned Parenthood)
   - Health maintenance organization or other prepaid practice (e.g., Kaiser Permanente)
   - Faculty practice plan (An organized group of physicians that treat patients referred to an academic medical center)
   - Hospital emergency department
   - None of the above

4. At which of the settings in question 3 do you see the most ambulatory patients? WRITE THE NUMBER NEXT TO THE BOX YOU CHECKED.
   __________

5. What are the county, street address, state, zip code and telephone number of the reporting location?

   Country       USA
   County
   Address
   State
   Zip Code
   Telephone (  )  -

6. Is the reporting location a solo practice, or are you associated with other physicians in a partnership, in a group practice or in some other way?
   - Yes
   - No

6a. How many? ___________ excluding yourself
7. **How many of the following types of staff are associated with the reporting location? If none, mark box provided.**

<table>
<thead>
<tr>
<th>Type of Staff</th>
<th>Number of...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Midlevel providers (NP, PA)</td>
<td>□ None</td>
</tr>
<tr>
<td>Clinical staff (RN, MA)</td>
<td>□ None</td>
</tr>
<tr>
<td>Administrative/non-clinical staff</td>
<td>□ None</td>
</tr>
</tbody>
</table>

8. **Is the reporting location a single- or multi-specialty (group) practice?**

- □ Single
- □ Multi-specialty

9. **Are you a full or part owner, employee, or an independent contractor at the reporting location?**

- □ Owner
- □ Employee
- □ Contractor

10. **Who owns the reporting location? CHECK ONE.**

- □ Physician or physician group
- □ Insurance company, health plan, or HMO
- □ Community health center
- □ Medical/academic health center
- □ Other hospital
- □ Other health care corporation
- □ Other

11. **Does the reporting location receive any additional compensation beyond routine visit fees for offering Patient-Centered Medical Home (PCMH) type services or does the reporting location participate in a certified PCMH arrangement?**

- □ Yes, we participate
- □ No, but we plan to participate
- □ No, and we don’t plan to participate
- □ Uncertain

12. **Does the reporting location participate in a Pay-for-performance arrangement in which you can receive financial bonuses based on your performance?**

- □ Yes, we participate
- □ No, but we plan to participate
- □ No, and we don’t plan to participate
- □ Uncertain

13. **Does the reporting location participate in an Accountable Care Organization or similar arrangement by which you may share savings with insurers (including private insurance, Medicare, Medicaid, and other public options)?**

- □ Yes, we participate
- □ No, but we plan to participate
- □ No, and we don’t plan to participate
- □ Uncertain

14. **Overall, how satisfied or dissatisfied are you with practicing medicine?**

- □ Very satisfied
- □ Somewhat satisfied
- □ Somewhat dissatisfied
- □ Very dissatisfied

15. **Please consider the following statement:**

“I am able to provide high quality care to most of my patients at the reporting location.”

Would you say you...

- □ Strongly agree
- □ Somewhat agree
- □ Somewhat disagree
- □ Strongly disagree
The next questions are about electronic health records (EHR) systems.

- **An EHR is** a computerized patient medical file integrated to contain patient demographic and clinical data such as prescription records, lab and imaging results, and clinical summaries. EHRs may include multiple modules, functions for computerized order entry and clinical decision support.

- **An EHR is NOT** a billing or practice management system, and does not entail obtaining medical information from another provider, physician office, or hospital by faxing, photocopying, or printing the medical information from an external website, and then including the information in a paper-based record.

16. Which of the following best describes the reporting location’s current EHR adoption status?

1 □ We do not have an EHR system.
2 □ We are not actively using an EHR system but have one installed.
3 □ We are actively using an EHR system that was installed within the past 12 months.
4 □ We are actively using an EHR system that was installed more than 12 months ago.

17. Medicare and Medicaid offer incentives to practices that demonstrate “meaningful use of health IT.” At the reporting location, are there plans to apply for these incentive payments?

1 □ Yes, we already applied (Skip to 18)
2 □ Yes, we intend to apply (Skip to 18)
3 □ No, we will not apply (Go to 17a)
4 □ Uncertain if we will apply (Go to 17a)

17a. Please indicate the reasons for not applying for incentives. **CHECK ALL THAT APPLY.**

1 □ Not qualified as an “eligible provider”
2 □ The process to apply is difficult
3 □ Not familiar with the incentive program
4 □ Unsure that incentives will actually be paid
5 □ No plans to have an eligible EHR system

Why do you not plan to have an eligible EHR system? (Check all that apply)

a □ No plans to adopt any EHR system
b □ Have an EHR that does not qualify for incentives
c □ Plan to retire
d □ Not prepared to implement electronic prescribing

6 □ Lack resources to apply (Check all that apply)

a □ Time
b □ Money/Financing
c □ Staff
d □ Infrastructure

7 □ Other reason for not applying: ____________

____________________________________________
____________________________________________
____________________________________________
____________________________________________
____________________________________________
18. Please answer the 3 questions to the right of this box about the following clinical workflow tasks for the reporting location.

<table>
<thead>
<tr>
<th>Population management:</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Create a list of patients by particular diagnosis</td>
<td>1</td>
<td>2</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>b. Create a list of patients by particular lab result</td>
<td>1</td>
<td>2</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>c. Create a list of patients by particular vital signs (e.g., high blood pressure)</td>
<td>1</td>
<td>2</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>d. Create a list of patients who are due for tests or preventive care</td>
<td>1</td>
<td>2</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>e. Provide patient reminders for preventive or follow-up care</td>
<td>1</td>
<td>2</td>
<td>1 2 3 4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quality improvement:</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>f. Create reports on clinical care measures for patients with specific chronic conditions (e.g., H1AC for diabetic patients)</td>
<td>1</td>
<td>2</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>g. Create reports on clinical care measures by patient demographic characteristics (e.g., age, sex, race)</td>
<td>1</td>
<td>2</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>h. Submit clinical care measures to public and private insurers (e.g., blood pressure control, H1AC, smoking status)</td>
<td>1</td>
<td>2</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>i. Provide patients with a clinical summary for each visit</td>
<td>1</td>
<td>2</td>
<td>1 2 3 4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient communication/access to health data:</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>j. Provide patients with a copy of their health information</td>
<td>1</td>
<td>2</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>k. Record a patient advanced directive</td>
<td>1</td>
<td>2</td>
<td>1 2 3 4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Coordination of care:</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>l. Receive patient clinical information from other physicians treating your patient (e.g., referral summaries)</td>
<td>1</td>
<td>2</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>m. Receive information needed to continue managing a patient post-hospital discharge</td>
<td>1</td>
<td>2</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>n. Share patient clinical information with other providers treating your patient</td>
<td>1</td>
<td>2</td>
<td>1 2 3 4</td>
</tr>
</tbody>
</table>
19. To what extent do you view the following as a barrier to adopting an EHR system?

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Major Barrier</th>
<th>Minor Barrier</th>
<th>Not a Barrier</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Reaching consensus within the practice to select an EHR</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>b. Finding an EHR system that meets your practice’s needs</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>c. Effort needed to select an EHR system</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>d. Cost of purchasing an EHR system</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>e. Ability to secure financing for an EHR system</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>f. Annual cost of maintaining an EHR system</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>g. Loss of productivity during the transition to an EHR system</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>h. Adequacy of training for you and your staff</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>i. Adequacy of EHR technical support</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>j. Access to high speed internet (e.g., broadband, cable)</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>k. Reliability of the system (e.g., EHR down or unavailable when needed)</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>l. Resistance of your practice to change work habits</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>m. Lack of demonstrated value of EHR</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

20. How likely do you think an EHR system would be able to:

<table>
<thead>
<tr>
<th>Feature</th>
<th>Very Likely</th>
<th>Somewhat Likely</th>
<th>Not at all Likely</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Alert you to a potential medication error?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b. Lead to a potential medication error?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c. Alert you to critical lab values?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>d. Remind you to provide preventive care (e.g., vaccine, cancer screening)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>e. Remind you to provide care that meets clinical guidelines for patients with chronic conditions?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>f. Help you identify needed lab tests (such as HbA1c or LDL)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>g. Help you order fewer tests due to better availability of lab results?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>h. Help you order more on-formulary drugs (as opposed to off-formulary drugs)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>i. Facilitate direct communication with a patient (e.g., email or secure messaging)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>j. Help you access a patient’s chart remotely (e.g., to work from home)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>k. Alert you that you received a patient summary from another provider?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>l. Enhance overall patient care?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
21. How much of an influence do you think the following would have on your decision to adopt an EHR System?  

<table>
<thead>
<tr>
<th>Influence</th>
<th>Major Influence to Adopt</th>
<th>Minor Influence to Adopt</th>
<th>Not an Influence</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Government incentive payments for EHR use</td>
<td>1□</td>
<td>2□</td>
<td>3□</td>
</tr>
<tr>
<td>b. Proposed financial penalties for not using an EHR</td>
<td>1□</td>
<td>2□</td>
<td>3□</td>
</tr>
<tr>
<td>c. Availability of government-certified products</td>
<td>1□</td>
<td>2□</td>
<td>3□</td>
</tr>
<tr>
<td>d. Assistance with selecting an EHR system</td>
<td>1□</td>
<td>2□</td>
<td>3□</td>
</tr>
<tr>
<td>e. Technical assistance with EHR implementation in my practice</td>
<td>1□</td>
<td>2□</td>
<td>3□</td>
</tr>
<tr>
<td>f. EHR systems being used by trusted colleagues</td>
<td>1□</td>
<td>2□</td>
<td>3□</td>
</tr>
<tr>
<td>g. Capability of exchanging information electronically within my referral network</td>
<td>1□</td>
<td>2□</td>
<td>3□</td>
</tr>
<tr>
<td>h. Requirement to use an EHR for maintenance of board certification</td>
<td>1□</td>
<td>2□</td>
<td>3□</td>
</tr>
</tbody>
</table>

If you have an EHR system (see Question 16), answer Questions 22 to 31. Otherwise, skip to Question 32.

22. Overall, how satisfied or dissatisfied are you with your EHR system?  
   1□ Very satisfied  
   2□ Somewhat satisfied  
   3□ Somewhat dissatisfied  
   4□ Very dissatisfied

23. Would you purchase this EHR again?  
   1□ Yes  2□ No  3□ Uncertain

24. In which year did you install your EHR system?  
   Year (YYYY): __/__/__/___  2□ Unknown

25. What is the name of your current EHR system?  
   CHECK ALL THAT APPLY.  
   1□ Allscripts  2□ Cerner  3□ eClinicalWorks  
   4□ Epic  5□ GE/Centricity  6□ Greenway Medical  
   7□ McKesson/Practice Partner  8□ NextGen  9□ Sage/Vitera  
   10□ Other, specify ____________________  11□ Unknown

26. Which of the following best represents your EHR system?  
   1□ Stand-alone (Client server) – A self-contained system, where data and application functionality are delivered onsite.  
   2□ Web-based design (Cloud system or Application Service Provider (ASP)) – Service provider hosts the EHR system and stores data. Practice accesses the system and data through the internet.

27. Does your current system meet meaningful use criteria as defined by the Centers for Medicare & Medicaid Services (CMS)?  
   1□ Yes (Skip to 28)  
   2□ No (Go to 27a)  
   3□ Uncertain (Go to 27a)

27a. Are there plans to upgrade your system to meet meaningful use criteria?  
   1□ Yes, already upgraded  
   2□ Yes, plan to upgrade  
   3□ No  
   4□ Uncertain
28. How many hours, on average, did clinical staff spend in training to use the EHR?

1  1 to 8 hours  
2  9 to 40 hours  
3  41 to 80 hours  
4  Over 80 hours  
5  Did not receive ongoing training

29. How many hours, on average, did non-clinical staff spend in training to use the EHR?

1  1 to 8 hours  
2  9 to 40 hours  
3  41 to 80 hours  
4  Over 80 hours  
5  Did not receive ongoing training

30. As a result of implementing an EHR, did you experience any changes in clinical staff (e.g., other MDs, RNs, MAs) at the reporting location? CHECK ALL THAT APPLY.

1  Yes, overall clinical staff increased  
2  Yes, overall clinical staff decreased  
3  Yes, shift in responsibilities among existing staff  
4  No clinical staff changes  
5  Uncertain

31. As a result of implementing an EHR, did you experience any changes in non-clinical/administrative staff at the reporting location? CHECK ALL THAT APPLY.

1  Yes, overall administrative staff increased  
2  Yes, overall administrative staff decreased  
3  Yes, shift in responsibilities among existing staff  
4  No administrative staff changes  
5  Uncertain

32. Over the last year, has revenue generated at the reporting location increased, decreased, or stayed about the same?

1  Revenue increased  (Go to 32a)  
2  Revenue decreased  (Go to 32a)  
3  Revenue stayed about the same  (Go to 32a)  
4  Uncertain  (Skip to 33)

32a. Was this, in part, due to the EHR?

1  Yes  
2  No  
3  Uncertain  
4  Not Applicable

33. Can patients seen at the reporting location do any of the following online activities? CHECK ALL THAT APPLY.

1  View test results online  
2  Request referrals online  
3  Request refills for prescriptions online  
4  Request appointments online  
5  My patients cannot do any of the above activities  
6  Uncertain

34. Did your reporting location need assistance with any of the following? CHECK ALL THAT APPLY.

1  EHR selection  
2  EHR implementation  
3  EHR system training  
4  Other: ________________________________  
5  Uncertain if assistance was needed  
6  No assistance was needed
35. Did your reporting location receive assistance in selecting an EHR System?
1 □ Yes 2 □ No (Skip to 36) 3 □ Uncertain (Skip to 36)

If yes, who provided this assistance? (Select all that apply)

<table>
<thead>
<tr>
<th>EHR vendor</th>
<th>Regional extension center</th>
<th>Consulting company</th>
<th>Other: ________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 □ ESR,2 □ EHR,3 □ Other</td>
<td>1 □ ESR,2 □ EHR,3 □ Other</td>
<td>1 □ ESR,2 □ EHR,3 □ Other</td>
</tr>
</tbody>
</table>

How satisfied or dissatisfied were you?
<table>
<thead>
<tr>
<th>Very Satisfied</th>
<th>Somewhat Satisfied</th>
<th>Somewhat Dissatisfied</th>
<th>Very Dissatisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
<td>4 □</td>
</tr>
</tbody>
</table>

36. Did your reporting location receive assistance in implementing an EHR System?
1 □ Yes 2 □ No (Skip to 37) 3 □ Uncertain (Skip to 37)

If yes, who provided this assistance? (Select all that apply)

<table>
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<th>Consulting company</th>
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<tr>
<td></td>
<td>1 □ ESR,2 □ EHR,3 □ Other</td>
<td>1 □ ESR,2 □ EHR,3 □ Other</td>
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<tbody>
<tr>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
<td>4 □</td>
</tr>
</tbody>
</table>

37. Did your reporting location receive assistance with training its staff in using your EHR System?
1 □ Yes 2 □ No (Skip to 38) 3 □ Uncertain (Skip to 38)

If yes, who provided this assistance? (Select all that apply)

<table>
<thead>
<tr>
<th>EHR vendor</th>
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<th>Consulting company</th>
<th>Other: ________________________</th>
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<tbody>
<tr>
<td></td>
<td>1 □ ESR,2 □ EHR,3 □ Other</td>
<td>1 □ ESR,2 □ EHR,3 □ Other</td>
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How satisfied or dissatisfied were you?
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<th>Somewhat Dissatisfied</th>
<th>Very Dissatisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
<td>4 □</td>
</tr>
</tbody>
</table>

38. At the reporting location, are there plans for installing a new EHR system within the next 12 months?
1 □ Yes 2 □ No 3 □ Maybe 4 □ Unknown

39. What is a reliable E-mail address for the physician to whom this survey was mailed?

____________________@_____________________

40. Who completed this survey?
1 □ The physician to whom it was addressed 2 □ Office staff 3 □ Other

Please add your comments in the box below.

Thank you for your participation. Please return your survey in the envelope provided. If you have misplaced this envelope, please send this survey to the following address:
2605 Meridian Parkway, Suite 200, Durham, NC 27713